

Paediatric Cochlear Implant Referral & Criteria Form (0 to 19 years)



To ensure your referral is accepted and actioned immediately, it is vital that we receive the complete information requested below.

Please complete all of the following referrer details:

Date of referral:	
Referrer's Name & Title:	
Work address:	
Work phone:	
Email address:	

Please complete all of the following client details:

Patient NHI:	
Patient name:	
Patient address and contact details:(with parent/caregiver names):	
Date of birth:	
Age hearing loss confirmed:	
Date hearing aids fitted:	
Cause of hearing loss e.g. Connexin mutation, enlarged vestibular aqueduct, CMV, meningitis. Are comorbidities present?	
School, address and contact person (if applicable):	

Please refer children who you consider might be borderline. We are always happy to discuss cases with you on the phone.

Referral criteria	Information Required
<p>NZ Residency</p> <p>Patients will not be able to access services in the publicly funded programme if they do not hold NZ residency or citizenship.</p>	

Baseline Audiometric Criteria

- Children with a bilateral severe hearing loss or worse, from 1 kHz to 8 kHz on ABR testing or on an unaided test.
- Children with limited aided speech information above 2 kHz (as seen on speech-mapping). Children with a severe reverse sloping hearing loss or worse whose speech and language is not progressing adequately.
- Children with auditory neuropathy spectrum disorder who are not progressing in their speech and language development.
- Children who have recently suffered from meningitis which has caused a sensorineural hearing loss should be referred urgently upon diagnosis. A CT and 3-D CISSMRI to be arranged through the local ENT service.
- Children referred who are older than three years of age should have documented evidence of oral language developing.
- Children who are over four years of age with no oral language will be considered and discussed only on a case-by-case basis.
- A child older than five years of age with no language is unlikely to benefit from a cochlear implant.
- Children with additional needs will be accepted for assessment.

Please attach all of the following audiological information:

- ABR traces if available
- Diagnostic audiogram (speech audiometry, immittance audiometry, OAEs)
- Previous audiograms & speech audiometry
- Copies of any ENT and Paediatrician reports and letters.

Hearing Aids

The patient should be optimally aided.

Please enclose:

- Print out of settings
- Real ear measures

Please ensure you have completed everything on the following checklist:

- Completed all of the referrer details section
- Completed all of the client details section

Please ensure copies are enclosed of:

- ENT reports and letters (if available)
- Paediatrician reports and letters (if available)
- ABR (if available)
- Current diagnostic audiogram (speech audiometry, immittance audiometry, and otoacoustic emissions)
- Previous audiograms & speech audiometry
- Copy of hearing aid settings
- Copy of real ear measures
- Separate ear aided testing carried out at 45dBHL (if other presentation level, please state).

Please either email documents to child@ncip.org.nz or send via post to:

Clinical Services Coordinator
Northern Cochlear Implant Programme
PO Box 74022
Greenlane
Auckland 1546